

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/553903

FILING DATE

15 OCT 2006

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	/		/			
4		/		/		
5		/		/		
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45		/		/		
46		/		/		
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49		/		/		
50		/		/		
TOTAL IND.	5		4			
TOTAL DEP.	58		59			
TOTAL CLAIMS	63		63			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54				/		
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97				/		
98				/		
99				/		
100				/		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						